Asthma Friendly Schools Recognition Application

The Vermont Department of Health is pleased to present Vermont's Annual Asthma-Friendly School Recognition Program for K-12 schools! If you are a student, parent, teacher, community member or staff person, you can nominate your school using the survey below to document the asthma friendly actions your school has taken in the past year.

More than one nomination can be submitted for any school. Recognition will be given to schools at bronze, silver and gold levels based on the type and number of best practices identified through all nomination forms submitted for your school and confirmed by our task force, as needed.

To apply or nominate a school, please complete the survey below by May 31. The survey will take approximately 10 minutes to complete. Recognition certificates will be sent out in June. Thank you!

* F	Required
	ontact Information required; information only):
1.	Your name *
2.	Your title/relationship to the school *

our daytime phone number
Y(

School Background

(*required; information only): 4. School name 5. School email where the recognition certificate should be sent? * 6. Does your school have a full-time licensed school nurse all day, every day? Yes No l don't know 7. Total student enrollment in your school? (answer or "I don't know") 8. What Local Education Agency (LEA) is the school in? (answer or "I don't know")

Э.	what is the Superintendent's name: (answer or a don't know)
10.	What is the Superintendent's email? (answer or "I don't know")

Asthma Friendly Schools Recognition Levels - Bronze, Silver, and Gold

Scoring for recognition level starts here and will be based on a consistent rubric for assessing all schools; a task force will confirm best practices, if needed.

Bronze Level

Schools must reflect 4 best practices to qualify for Bronze Level

11. Does your school have a written asthma action plan for at least 50% of students with asthma?
http://www.healthvermont.gov/sites/default/files/documents/2016/11/Annual%20Astma%20Action%20Plan_2016_08_26_1.pdf
(http://www.healthvermont.gov/sites/default/files/documents/2016/11/Annual%20As
ma%20Action%20Plan_2016_08_26_1.pdf)
<u></u>
○ Yes
○ No
◯ I don't know
12. If yes, and for credit, what % of students with asthma have a written asthma action pla on file?
*
13. Does the school purchase only 3rd party certified asthma friendly cleaning products? https://legislature.vermont.gov/statutes/fullchapter/18/039 https://legislature.vermont.gov/statutes/fullchapter/18/039)
○ Yes
○ No
Some
○ I don't know

current individual health plans for students with asthma?	
Yes	
○ No	
O I don't know	
15. Does your school enforce the state law that bans the use of cigarettes, tobacco products, and tobacco substitutes (e.g. e-cigarettes) on school property, school buses, and at school-sponsored events as described in 16 V.S.A. § 140? https://legislature.vermont.gov/statutes/section/16/001/00140 (https://legislature.vermont.gov/statutes/section/16/001/00140)	
○ Yes	
○ No	
◯ I don't know	
16. If yes, and for credit, specify how. *	

17. Does your school ensure students' right to self-carry and self-administer prescribed asthma medication as described in 16 V.S.A. § 1387? https://legislature.vermont.gov/statutes/section/16/031/01387 (https://legislature.vermont.gov/statutes/section/16/031/01387)
Yes
○ No
○ I don't know
18. If yes, and for credit, specify how. *
19. Does your school enforce vehicle idling policies on school grounds and at school-sponsored events as described in 23 V.S.A. § 1282 (f) and 23 V.S.A. § 1110? https://legislature.vermont.gov/statutes/section/23/013/01282) https://legislature.vermont.gov/statutes/section/23/013/01110) https://legislature.vermont.gov/statutes/section/23/013/01110)
Yes
○ No
○ I don't know

Silver Level

Silver (requires Bronze level plus at least 3 best practices from Silver Level):

23.	Does your school have a written asthma action plan for at least 65% of students with asthma?
	http://www.healthvermont.gov/sites/default/files/documents/2016/11/Annual%20Asthma%20Action%20Plan_2016_08_26_1.pdf
	(http://www.healthvermont.gov/sites/default/files/documents/2016/11/Annual%20Asthma%20Action%20Plan_2016_08_26_1.pdf)
	○ Yes
	○ No
	O I don't know
24.	If yes, and for credit, what $\%$ of students with asthma have a written asthma action plan on file? *
25.	Does your school prevent parents, teachers and staff from bringing in unauthorized, non-third-party certified cleaning products or fragrance products (e.g., air fresheners, essential oils, candles) into your school?
	○ Yes
	○ No
	O I don't know

26. If yes, and for credit, specify now. "
27. Did your school make HVAC improvements, install air purifiers and/or conduct maintenance on these systems to increase ventilation and improve filtration in the past year?
○ Yes
○ No
○ I don't know
28. Does your school promote annual well-child exams?
Yes
○ No
◯ I don't know

29. If yes, and for credit, specify how. *	
30. Have your school staff received training on asthma basics, asthma management and asthma emergency response in the past year?	
○ Yes	
○ No	
O I don't know	
31. If yes, and for credit, specify what training. *	

32	2. Does your school have an asthma emergency plan in its official handbooks to reach at least two of the following audiences? (check all that apply)
	Yes, staff
	Yes, parent(s)
	Yes, student(s)
	☐ No
	I don't know

Gold Level

Gold Level (requires Silver Level plus at 3 best practices from Gold Level):

	Does your school have a written asthma action plan for at least 75% of students with asthma?
<u> </u>	http://www.healthvermont.gov/sites/default/files/documents/2016/11/Annual%20Asthma%20Action%20Plan_2016_08_26_1.pdf
((http://www.healthvermont.gov/sites/default/files/documents/2016/11/Annual%20Asthma%20Action%20Plan_2016_08_26_1.pdf)
(Yes
(○ No
(○ I don't know
	If yes, and for credit, what % of students with asthma have a written asthma action plan on file? *
35 I	Has your school conducted or formally scheduled an Envision environmental walk
	through this school year?
	http://www.healthvermont.gov/envision (http://www.healthvermont.gov/envision)
(○ Yes
(○ No
(○ I don't know

36. If yes, for credit, specify date. *
Format: M/d/yyyy
37. Has your school implemented Asthma Self-Management Education to help students with manage their asthma (e.g., Taking Control of Your Asthma, Brief AS-ME, Open Airways for Schools)?
○ Yes
○ No
O I don't know
38. If yes, and for credit, specify what program(s) and dates. *
39. Does your school have an asthma emergency plan in its official handbooks to reach all three of the following audiences?
Yes, staff, parent(s), and student(s)
○ No
O I don't know

40. Does your school have or participate in a Whole School, Whole Community, Whole Child (WSCC) team or equivalent that addresses indoor air quality and meets at least two times per year? http://www.healthvermont.gov/children-youth-families/school-health/whole-school-whole-community-whole-child)
○ Yes
○ No
O I don't know

Optional Questions

No points, but the answers will help the Task Force understand your school's Asthma Friendly commitment and these details of your efforts might be featured in any announcements of your school's recognition.

practices tha	an asthma champion who has worked hard to advance asthma friendly support children in your school or community? Please nominate them nsidered for separate recognition as an Asthma Friendly Champion.
practices that here to be co	support children in your school or community? Please nominate them nsidered for separate recognition as an Asthma Friendly Champion.
practices that here to be contacted to be cont	support children in your school or community? Please nominate them

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